
Date Received

Dept/Component

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
Public and Community Education and Information Funding Proposal
Cover Sheet

Proposal Summary Information

Incorporated Name of Applicant: _____

Type: Public _____ Profit _____ Non-Profit _____, or Hospital-Based _____

Federal ID Number: _____ Charities Reg.Number _____

Address of Applicant: _____

Address of Services(s): _____

Contact Person: _____ Phone No: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Total Match Required: _____ Match Secured: Yes _____ No _____

Funding Period: From _____ to _____

Services: _____
(For which funding is requested)

Total number of unduplicated clients to be served: _____

Brief description of services by program name and level of service to be provided*:

Authorization: Chief Executive Officer: _____
(Please print)

Signature: _____ Date: _____

*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.). If the contact will be based on a rate, please describe how the rate was established.